

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/597,431</div>		FILING DATE <div style="font-size: 1.2em;">7-20-06</div>				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		2		1			58						
9		2		1			59						
10		2		1			60						
11		2		1			61						
12		2		1			62						
13		①		1			63						
14		3		1			64						
15		3		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		2		2			71						
22		①		1			72						
23		1		1			73						
24		①		1			74						
25		①		1			75						
26		①		1			76						
27		1		1			77						
28		1		1			78						
29		1		1			79						
30	1		1				80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35		1		1			85						
36		2		1			86						
37		2		1			87						
38		3		1			88						
39		①		1			89						
40		1		1			90						
41		1		1			91						
42		1		1			92						
43		1		1			93						
44		4		1			94						
45		4		1			95						
46		①		1			96						
47		3		1			97						
48		1		1			98						
49		1		1			99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	69	←	48	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	71		50				TOTAL CLAIMS						